**PRELIMINARY LEARNING AGREEMENT for Nordplus / bilateral exchange**ECTS – European Credit Transfer System

|  |  |  |
| --- | --- | --- |
| Name of student | Field of study / degree | |
| Start date of study abroad period (dd/mm/yyyy) | End date of study abroad period (dd/mm/yyyy) | |
| Sending institution | | Sending Country |
| Receiving institution | | Receiving country |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details of the proposed study programme abroad** | | | | |
| Receiving institution: study plan | | | Sending institution: recognition | |
| Course unit title (and code) | ECTS | Semester (autumn/spring) | Course unit title (and code) | ECTS |
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| *Add rows if needed* |  |  |  |  |

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| **Total number of ECTS:** |  |  | **Total number of ECTS:** |  |

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| **Additional courses as backup (in case of for example overlapping courses)** | | | | |
| Receiving institution: study plan | | | Sending institution: recognition | |
| Course unit title (and code) | ECTS or local | Semester (autumn/spring) | Course unit title (and code) | ECTS |
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| Please have the course descriptions available for the responsible person at the sending institution! | | | | |

**STUDENT**

I agree to report any changes to this agreement to my home institution during my stay abroad

|  |  |
| --- | --- |
| Name of student | |
| Place and date | Student’s signature |

**SENDING INSTITUTION**

We confirm that this proposed programme of study/learning agreement is approved:

|  |  |
| --- | --- |
| Name of Responsible person\* at the Sending institution | |
| Place and date | Signature of Responsible person at the Sending institution |

\*Responsible person at the sending institution: an academic who has the authority to approve the learning agreement of outbound students, to amend it when needed, as well as to guarantee full recognition of such programme on behalf of the responsible academic body.

**RECEIVING INSTITUTION**

We confirm that this proposed programme of study/learning agreement is approved:

|  |  |
| --- | --- |
| Name of Responsible person at the Receiving institution | |
| Place and date | Signature of Responsible person at the Receiving institution |